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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/440,320 01/14/2003 *Jh*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Jh*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 04/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Jh</i> Examiner's Signature <i>JAS</i> Initials	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 7
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 28863  
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TITLE  
 Remotely operating external medical devices

FILING FEE  RECEIVED 1622	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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